

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: VISTA HOUSE LLC (0009247)

Address: 111 VISTA PLACE, BOSCOBEL, WI 53805

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0097100 **End Date:** 05/30/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092152 **End Date:** 03/15/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007956 Served 03/18/2004

Deficiencies Cited
83.33(3)(a)1

Subject Area
PRACTITIONER'S WRITTEN ORDER FOR MEDS

Compliance
Verified

Corrected

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